

**OREGON BOARD OF
LICENSED PROFESSIONAL COUNSELORS & THERAPISTS**

Transfer of Application / License Information

Please use this form to request information contained in your file.

Name: _____ License #: _____

Social Security (last 4 digits): _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Desired Format for Delivery:

Mail to:

Email Scanned PDF to:

Check the item(s) you would like included with your request:

License Materials

Supervised Work Experience References

Application Materials

Transcript(s)

Continuing Education

Examination Scores

Other (please specify): _____

Include license verification letter (additional \$10)

I hereby authorize the Oregon Board of Licensed Professional Counselors and Therapists to release the documents specified above, which may include sensitive information such as social security number, from my file.

Signature: _____ Date: _____

Please submit this form & check for **\$20.00** (plus \$10 for license verification, if applicable) to:

OBLPCT
3218 Pringle Road SE, Ste. 120
Salem, OR 97302

The request fee is non-refundable. If you have any questions, please contact the Board's office at 503-378-5499 or lpct.board@mhra.oregon.gov.